

TOWN OF ENFIELD
DEPARTMENT OF HUMAN RESOURCES
820 ENFIELD STREET, ENFIELD, CT 06082
Phone: (860) 253-6345 **Job Hotline:** (860) 253-5001 Website: www.enfield-ct.gov



The Town of Enfield is an Affirmative Action/Equal Opportunity employer. State and Federal Law prohibits discrimination on the basis of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation, physical or mental disability, learning disability, sexual orientation, or veteran status, except in case of bona fide occupational qualification by law.

APPLICATION FOR EMPLOYMENT

This application constitutes part of the examination process. It must be completed fully and accurately even if a resume or other supporting materials are attached. Applications may be rejected or receive less consideration if answers are incomplete, vague or evasive. All statements are subject to investigation. Statements of fact found to be false, exaggerated or misleading will result in your disqualification. Be sure to sign the certification on the back of this application. **If you need any assistance completing this form due to a disability or for any other reason, please ask someone from the Human Resources Department to assist you.**

POSITION APPLYING FOR: _____

FULL TIME _____ PART TIME _____

YOUR NAME _____
FIRST M.I. LAST

ADDRESS: _____
NO. & STREET TOWN STATE/ZIP CODE

TELEPHONE: **HOME** () _____ **WORK** () _____

PAGER/CELL: () _____ **EMAIL:** _____

SOCIAL SECURITY NO: _____

HIGH SCHOOL, COLLEGE UNIVERSITY, TRADE OR TECHNICAL SCHOOLS	LOCATION: CITY/TOWN STATE	COURSE OF STUDY	GRADUATE YES/NO	DEGREE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Town only accepts applications for positions that are currently open. You must submit an application for each new vacancy.

REFERENCES: *EXCLUDING RELATIVES AND PREVIOUS EMPLOYERS*, LIST THREE (3) INDIVIDUALS.

	NAME	ADDRESS	DAYTIME PHONE NUMBER
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

SPECIALIZED TRAINING SKILLS, LICENSES & CERTIFICATIONS: List any special qualifications or experiences not covered elsewhere in this application which you feel may qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships):

PLEASE COMPLETE, IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING:

___ DRIVER'S LICENSE, CLASS _____ CDL _____ CDL ENDORSEMENTS _____

TYPING AT _____ W.P.M.

PLEASE LIST ALL COMPUTER SYSTEMS AND PROGRAMS YOU ARE PROFICIENT IN: _____

PLEASE LIST OFFICE EQUIPMENT YOU ARE PROFICIENT WITH: _____

EMPLOYMENT HISTORY - DO NOT LEAVE BLANK
(please complete this section even if including a copy of your resume)

CURRENT/MOST RECENT EMPLOYER _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

NAME & TITLE OF SUPERVISOR: _____ MAY WE CONTACT? __ YES __ NO

YOUR TITLE: _____ SALARY \$ _____

DUTIES: _____

REASON FOR LEAVING: _____

CURRENT/MOST RECENT EMPLOYER _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

NAME & TITLE OF SUPERVISOR: _____

YOUR TITLE: _____ SALARY \$ _____

DUTIES: _____

REASON FOR LEAVING: _____

CURRENT/MOST RECENT EMPLOYER _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

NAME & TITLE OF SUPERVISOR: _____

YOUR TITLE: _____ SALARY \$ _____

DUTIES: _____

REASON FOR LEAVING: _____

CURRENT/MOST RECENT EMPLOYER _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

NAME & TITLE OF SUPERVISOR: _____

YOUR TITLE: _____ SALARY \$ _____

DUTIES: _____

REASON FOR LEAVING: _____

CERTIFICATION AND RELEASE

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Enfield to contact all of the educational institutions, employers, personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my application for employment. I authorize all such contacts noted above to provide information to the Town of Enfield and I hereby release the Town of Enfield and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon an offer of employment, I may be requested to successfully pass a physical examination. I hereby agree to take a drug screening test, consisting of blood and/or urinalysis test(s) to detect the presence of illegal drugs and/or alcohol, (including but not limited to, barbiturates, heroin, cocaine, marijuana) and that any positive test(s) will be confirmed by two (2) alternative methods. I authorize the laboratory conducting such tests(s) to release the results of such tests(s) to the Town of Enfield and I understand that I may request a copy of such results. I understand that the results of such tests(s), if positive, may result in my disqualification from employment with the Town of Enfield. I release the Town of Enfield, employees of the Town of Enfield, elected or appointed officials of the Town of Enfield or other representatives of the Town of Enfield and I release the laboratory conducting such test(s), its employees and representatives from any and all liability arising from or out of the administration of such tests(s).

APPLICANT'S SIGNATURE: _____

DATE: _____

THE TOWN OF ENFIELD IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER - M/F

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense: ____ Yes ____ No

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? ____ Yes ____ No If yes, please explain:

Are you a United States citizen or are you authorized to work in the United States: ____ Yes ____ No

CERTIFICATION AND RELEASE

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Enfield to contact all of the educational institutions, employers, personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my application for employment. I authorize all such contacts noted above to provide information to the Town of Enfield and I hereby release the Town of Enfield and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon an offer of employment, I may be requested to successfully pass a physical examination. I hereby agree to take a drug screening test, consisting of blood and/or urinalysis test(s) to detect the presence of illegal drugs and/or alcohol, (including but not limited to, barbiturates, heroin, cocaine, marijuana) and that any positive test(s) will be confirmed by two (2) alternative methods. I authorize the laboratory conducting such tests(s) to release the results of such tests(s) to the Town of Enfield and I understand that I may request a copy of such results. I understand that the results of such tests(s), if positive, may result in my disqualification from employment with the Town of Enfield. I release the Town of Enfield, employees of the Town of Enfield, elected or appointed officials of the Town of Enfield or other representatives of the Town of Enfield and I release the laboratory conducting such test(s), its employees and representatives from any and all liability arising from or out of the administration of such tests(s).

APPLICANT'S NAME: _____ SOC. SEC. # _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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